

# FUTURE TEACHERS CONDITIONAL SCHOLARSHIP AND LOAN REPAYMENT PROGRAM

## 2004-2005 APPLICATION

**Instructions:** Complete all parts of the application. The application must be typed or completed in ink. You may attach additional sheets if needed. Please put your name and social security number on all additional sheets. You must sign the agreement on page 4. If you have questions, contact Mary Swinney toll-free at 1-888-535-0747 (option 2) or directly at 360-753-7845, or via e-mail at marys@hecb.wa.gov.

**Completion:** Submit your application, transcripts, recommendation form (at least one and no more than three), and bilingual verification form(s), if applicable (see question 8), in the same envelope.

**All application materials (including resubmissions) must be received by 4:30 pm on October 15, 2004. Incomplete applications will be returned.**

**Mail or deliver your application materials to:** Future Teachers Conditional Scholarship and Loan Repayment Program, Higher Education Coordinating Board, 917 Lakeridge Way, P.O. Box 43430, Olympia, WA 98504-3430.

### PERSONAL INFORMATION

1. Name: \_\_\_\_\_ 2. Social Security #: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(Last) (First) (M.I.)

3. Mailing Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

4. Phone: (\_\_\_\_) \_\_\_\_\_ 5. Email Address: \_\_\_\_\_

6. **Education Information.** List all colleges, universities, and high school(s) you have attended, starting with the most recent. (Attach another sheet if necessary.)

| High School and College/University | City/State | Dates Attended | Degree, if any | Cumulative GPA |
|------------------------------------|------------|----------------|----------------|----------------|
|                                    |            |                |                |                |
|                                    |            |                |                |                |
|                                    |            |                |                |                |
|                                    |            |                |                |                |

7. If you have completed at least one year of college coursework (45 quarter credits or 30 semester credits), you must include a copy of your college transcript(s). If no college enrollment or less than a year's college coursework has been completed, include high school transcript(s). Either official or copied transcripts are acceptable. This information will be used during the selection process to determine superior scholastic achievement.

8. Are you bilingual (the ability to converse and explain concepts fluently in English **and** in a language other than English, both verbally and in writing)? ☐ Yes ☐ No Language(s): \_\_\_\_\_

The languages spoken by the greatest numbers of Limited English Proficiency (LEP) Washington students are **Spanish, Russian, Ukrainian, Vietnamese, Korean, and Somali**. If you speak one of these languages and wish to receive priority for bilingual ability during the selection process, you **must** include a completed Bilingual Verification Form (page 7). If you are bilingual in a language **other than these six**, you must include a completed Bilingual Verification Form (page 7) **and** a completed School District Verification of Bilingual Need Form (page 8) in order to receive additional priority for your bilingual ability. Different individuals may complete these two forms.

**Restriction:** If you receive bilingual priority, you **must** teach in a position that utilizes your bilingual ability in order to earn loan forgiveness and/or loan repayment benefits. If you receive bilingual priority and do **not** teach in a bilingual capacity, **you must repay any program monies received**.

Understanding the above restriction, if you are eligible, do you wish to receive additional priority based on your bilingual ability? ☐ Yes ☐ No

### EDUCATIONAL PLAN

9. College you plan to attend or are attending in 2004-05: \_\_\_\_\_
10. Have you been admitted to this college? ☐ Yes ☐ No
11. Have you completed an AA degree in teaching at a Washington community college, and if so, when?  
☐ Yes ☐ No Month \_\_\_\_\_ Year \_\_\_\_\_
12. Your class level in college in 2004-05: ☐ Freshman ☐ Sophomore ☐ Junior ☐ Senior ☐ 5th Year/Graduate
13. If you will be at junior class level or higher in 2004-05, are you currently enrolled or accepted for enrollment in a program leading to:  
Teacher certification? ☐ Yes ☐ No  
Additional endorsement(s)? ☐ Yes ☐ No Subject(s): \_\_\_\_\_

**Restriction:** You are eligible to receive additional priority in the selection process if your additional endorsement is in science, math, or special education. **However**, if you receive additional priority for this endorsement subject, you **must** teach in this subject in order to receive loan forgiveness and/or loan repayment benefits. **If you do not teach in this subject, you must repay any program monies received**.

Understanding the above restriction, if you are eligible, do you wish to receive additional priority based on your endorsement subject? ☐ Yes ☐ No

14. Do you have a Washington residency teaching certificate?  
☐ Yes ☐ No Date of issue: \_\_\_\_\_
15. When will you complete your certification or additional endorsement requirements? Month \_\_\_\_\_ Year \_\_\_\_\_
16. Outline your educational plan from now until completion of your degree, certification or endorsement. Include the number of credits you plan to take each term for all school years listed.

| School Year | College or University | Fall | Winter | Spring | Summer | Degree/Certificate/ Endorsement To Receive |
|-------------|-----------------------|------|--------|--------|--------|--|
| 2004-05     |                       |      |        |        |        |  |
|             |                       |      |        |        |        |  |
|             |                       |      |        |        |        |  |
|             |                       |      |        |        |        |  |
|             |                       |      |        |        |        |  |

## CONTRIBUTIONS AND COMMITMENT TO EDUCATION

17. **Your contributions to education and schools.** If you have worked as a school employee or volunteer in schools, list the names of the schools (and districts) in which you worked, the length of time you worked there, and the nature of the work.

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18. **Commitment to serve as a Washington K-12 public school teacher.** Describe why you want to be a certificated K-12 teacher in Washington public schools. Include your teaching goals and the strengths you will bring to the teaching profession.

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19. **Diversity experience and serving as a role model.** Describe your experience with people whose culture, race, religion, sexual orientation, economic status, and/or ableness differ from your own and how you will serve as a role model to students.

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20. **Current educational indebtedness.** List the loan balance on any federal education loans (such as Stafford Loans or Direct Loans) you owe for prior school years.

| School Attended (when loan received) | School Year | Loan Balance |
|--------------------------------------|-------------|--------------|
|                                      |             |              |
|                                      |             |              |
|                                      |             |              |
|                                      |             |              |

**NOTE:** In general, a student with outstanding federal loans who is accepted into the Future Teachers Conditional Scholarship and Loan Repayment program will receive program benefits in the form of loan repayments. A student with no outstanding federal loans who is accepted into the Future Teachers Conditional Scholarship and Loan Repayment program will generally receive program benefits in the form of a conditional scholarship.

The benefit amount will be exactly the same, whether received as loan repayments or as a conditional scholarship.

**RELEASE OF INFORMATION:** The Higher Education Coordinating Board (HECB) may release your name and the name of the college you attend to interested parties such as news media, school districts, governmental agencies, and legislative personnel for the purpose of recognizing the accomplishments of program participants. Please check here **ONLY** if you do not wish this information to be released.

No, \_\_\_\_\_ I do **NOT** authorize the HECB to release my information for the purpose of recognition.

**AGREEMENT:** I certify that the information contained in this application is true and correct to the best of my knowledge. I further acknowledge that information contained in this application will be made available to accredited colleges and universities in the state of Washington for the purpose of verifying student eligibility.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**Submit the following items in ONE envelope to the address below. *Incomplete applications will be returned and must be resubmitted by the application deadline.***

- ☐ Completed and signed application (pages 1-4).
- ☐ School transcripts (original or copied). [Question 7]
- ☐ Recommendation Form (pages 5-6), at least one and no more than three.
- ☐ If applicable, Bilingual Verification Form (page 7). [Question 8]
- ☐ If applicable, Verification of Bilingual Need (page 8). [Question 8]

**Mail or deliver completed application materials to:**

Future Teachers Conditional Scholarship & Loan Repayment Program  
Higher Education Coordinating Board  
917 Lakeridge Way, P.O. Box 43430  
Olympia, WA 98504-3430

**Application Deadline is 4:30 pm on October 15, 2004**

OFFICE USE ONLY. DO NOT WRITE BELOW THIS LINE

Transcripts Needed \_\_\_\_\_  
Transcripts Received \_\_\_\_\_

Recommendation Needed \_\_\_\_\_  
Recommendation Received \_\_\_\_\_

Bilingual Verification Needed \_\_\_\_\_  
Bilingual Verification Received \_\_\_\_\_



## Future Teachers Conditional Scholarship and Loan Repayment Program

### RECOMMENDATION FORM

*You may use this form or your own form as long as all requested information is provided. When completed, please return your recommendation form directly to the applicant in sufficient time for the applicant to meet the receipt deadline of 4:30 pm on October 15, 2004. If you prefer, you may enclose your form in a sealed envelope before giving it to the applicant.*

Applicant's Name: \_\_\_\_\_  
(Last) (First) (M.I.)

**To the applicant:** Your recommender should be able to speak to your current abilities and your potential as a future or continuing certificated Washington public school K-12 teacher. We suggest you have this form completed by a school principal, superintendent, or other teacher.

**To the recommender:** Conditional scholarships and loan repayment benefits are awarded on a competitive basis. The applicant is applying for an award to help him/her complete the educational requirements to become a Washington certificated teacher or obtain additional teaching endorsements. In exchange for funding, recipients are obligated to specific amounts of teaching service.

Selection will be made on the basis of each applicant's academic ability, length and quality of contributions to the public school system, potential to serve as a positive role model for students, and commitment to serve as a teacher in the state of Washington. Your thoughtful appraisal of the applicant's abilities and potential as a future or continuing teacher will provide valuable information to the selection committee. Please include any additional comments on the reverse side of this sheet or on a separate sheet.

How long have you known the applicant and in what capacity? \_\_\_\_\_

*Please comment on your perceptions of the applicant as a future or continuing teacher. Candid and objective comments will help make the applicant better known to the selection committee.*

**Academic Ability:** (Current ability as well as academic promise.)

**Communication Skills:** (Ability to express ideas clearly and effectively.)

**Enthusiasm:** (Ability to present optimism and zeal for what one is doing.)

**Commitment to Accomplishment:** (Ability to exert and organize efforts to produce results.)

**Role Model:** (Ability to provide an appropriate role model for students in grades K – 12.)

**Judgment:** (Ability to reach sound decisions, to use good common sense, to be fair.)

**Sensitivity to Diversity:** (Ability to be aware of and sensitive to persons with disabilities as well as cultural, ethnic, religious, socio-economic, sexual orientation, and gender differences.)

**Bilingual Ability:** (Ability to fully converse and explain concepts in a language other than English, both verbally and in writing. What languages?)

**Additional comments (if any):**

|  |
|--|
| <b>Overall rating of this applicant (check one):</b> <input type="checkbox"/> Excellent <input type="checkbox"/> Very Good <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor |
|--|

Your Name \_\_\_\_\_ Phone Number (\_\_\_\_\_) \_\_\_\_\_  
(First) (Last)

Your Position Title \_\_\_\_\_ Name of School \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

My recommendation: ☐ may be shared with the applicant, if requested. ☐ may not be shared with the applicant.

**Please return your recommendation form directly to the applicant in sufficient time to meet the receipt deadline of 4:30 pm on October 15, 2004. The applicant must enclose your form with the original application materials. If you prefer, you may enclose your form in a sealed envelope before giving it to the applicant.**



## Future Teachers Conditional Scholarship and Loan Repayment Program

### BILINGUAL VERIFICATION FORM

Applicant's Name: \_\_\_\_\_  
(Last) (First) (M.I.)

**To the applicant:** Your bilingual verifier should speak to your current bilingual abilities and your potential to use this skill as a future or continuing certificated Washington public school K-12 teacher. We suggest you have this form completed by an employer, school official, or college language professor.

**To the person verifying bilingual ability:** Conditional scholarships and loan repayment benefits are awarded on a competitive basis. The applicant is applying for an award to help him/her complete the educational requirements to become a certificated teacher or obtain additional teaching endorsements. Applicants who are bilingual in a high volume language will receive additional priority. We appreciate your assistance in verifying this qualification.

In what capacity have you experienced the applicant's bilingual ability (the ability to converse and explain concepts fluently in a language other than English)? \_\_\_\_\_

In what language(s) is the applicant bilingual? \_\_\_\_\_

Please rate the applicant's bilingual ability:

In spoken language (check one): ☐ Excellent ☐ Very Good ☐ Good ☐ Fair ☐ Poor  
In written language (check one): ☐ Excellent ☐ Very Good ☐ Good ☐ Fair ☐ Poor

Additional comments (if any): \_\_\_\_\_

**If you were an employer, would you hire the applicant for a position that requires bilingual ability?**  
☐ Yes ☐ No

Your Name \_\_\_\_\_ Phone Number (\_\_\_\_) \_\_\_\_\_  
(First) (Last)

Your Position Title \_\_\_\_\_ Name of School/Business \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

My verification: ☐ may be shared with the applicant, if requested. ☐ may not be shared with the applicant.

**Please return your verification form directly to the applicant in sufficient time to meet the receipt deadline of 4:30 pm on October 15, 2004. The applicant must enclose your form with the original application materials. If you prefer, you may enclose your form in a sealed envelope before giving it to the applicant.**

**To the applicant:** if you are seeking bilingual priority in *Spanish, Russian, Ukrainian, Vietnamese, Korean, or Somali*, you only have to complete this side of the form. If you are seeking bilingual priority in a language other than these six, you **MUST** also complete the reverse side of this form.



## Future Teachers Conditional Scholarship and Loan Repayment Program

### SCHOOL DISTRICT VERIFICATION OF BILINGUAL NEED

#### To be completed by the applicant:

Applicant's Name: \_\_\_\_\_  
(Last) (First) (M.I.)

Applicant's Bilingual Language(s): \_\_\_\_\_

#### To the person verifying bilingual need:

The above named applicant is applying for a conditional scholarship and loan repayment benefit through the state of Washington. Bilingual applicants are eligible for an additional priority in the selection process. To receive this priority, applicants who are bilingual in a language other than the six languages listed in the next paragraph must provide verification of a current or future need for teachers who are bilingual in the applicant's non-English language. This form will assure the selection committee that the applicant has identified a district in which this bilingual skill **may** be needed.

OSPI has identified the languages spoken by the greatest number of Washington Limited English Proficiency (LEP) students as Spanish, Russian, Ukrainian, Vietnamese, Korean, and Somali. Bilingual applicants in languages other than these six must secure the "Verification of Bilingual Need" covered by this form.

By completing this form, you are **NOT** obligating the school or district to hire or consider the applicant for a future position. You are only identifying a current or future need for teachers who speak this language. If you have any questions about this form or the request, please contact Mary Swinney at the Higher Education Coordinating Board at (360) 753-7845.

We appreciate your assistance in verifying this need.

I verify that \_\_\_\_\_ School District has a need for bilingual teachers in  
the following language(s) \_\_\_\_\_  
for the following school year(s) \_\_\_\_\_.

Your Name \_\_\_\_\_ Phone Number (\_\_\_\_\_) \_\_\_\_\_  
(First) (Last)

Your Position Title \_\_\_\_\_ Name of School District \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please return your verification form directly to the applicant in sufficient time to meet the receipt deadline of 4:30 pm on October 15, 2004. The applicant must enclose your form with the original application materials.**